

South Carolina Department of Social Services  
ABC Child Care Voucher System  
**SELF-ARRANGED CHILD CARE PROVIDER AGREEMENT**

**Provider Type:**

☐ In-Home Relative (IHR)

☐ Non-Regulated Relative (NRR)

☐ In-Home Non-Relative (IHN)

☐ Non-Regulated Non-Relative (NRN)

Provider Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**AS A CONDITION OF PARTICIPATION AND PAYMENT, I AGREE:**

- that this Agreement shall not be assigned or transferred.
- that all services provided and claims submitted shall be in accordance with 45CFR98 (1991), Provider Business Procedures issued by the South Carolina Department of Social Services (DSS), and all applicable federal and state laws, rules and regulations.
- that I will provide child care at the facility address listed below.
- to allow parents immediate access to the child in my care.
- to accept referrals for child care without discrimination with regard to race, color, national origin, age, sex, religion or physical or mental handicap.
- to provide children with adequate food, shelter and rest.
- not to allow anyone else to care for the children under this Agreement.
- to collect fees from parents and not charge parents rates in excess of the rates within this Agreement.
- to notify DSS of a parent's failure to pay the parental fee or to make satisfactory arrangements to pay the fee.
- to protect children from abuse/neglect and to report any suspicion of child abuse and neglect to DSS.
- to make requests for payments for active, eligible children who have been authorized by DSS and to forfeit payment for services when the Service Voucher Log (SVL) is submitted to DSS more than 12 months following the end of service.
- to maintain daily attendance records, payment records and fee collecting records for a minimum of three years and provide these records to county, state, federal officials and others as authorized in writing by DSS.
- to become familiar with the policies in the Self-Arranged Child Care Provider Business Procedures.
- to charge DSS the following approval negotiated rates:

Age Group	Full-Time Rate	Half-Time Rate	Less Than Half-Time Rate
0-2	\$	\$	\$
3-5	\$	\$	\$
6-12	\$	\$	\$

**AS A CONDITION OF PARTICIPATION AND PAYMENT, I AGREE:**

- to notify DSS of excessive absences or irregular child care usage, within three working days; to notify DSS within one working day, if a child is no longer in my facility for reasons other than termination by DSS.
- (once accepted by a client) that I shall not terminate any child without prior notification to DSS. This notification must include the reason for requested termination and must be properly documented.
- to provide care for children under this Agreement only if authorized by DSS in advance.
- that I understand this Agreement may be terminated by either party by giving the other party notice. This Agreement may also be terminated without advance notification if a child's health or safety is endangered.
- that I will safeguard the use and disclosure of information concerning applicants or recipients of services in accordance with all applicable federal and state laws and regulations and restrict access to, and use disclosure of, such information in compliance with said laws and regulations.
- that if any dispute shall arise under the terms of this Agreement, the sole and exclusive remedy shall be the filing of a Notice of Appeal within 30 calendar days of receipt of written notice of the South Carolina Department of Social Services' (DSS) action or decision which forms the basis of the appeal. Administrative appeals shall be in accordance with the DSS regulation R. 126-150, et seq., Code of Laws of South Carolina (1976, as amended), Volume 27, and in accordance with the Administrative Procedures Act, Section 1-23-380, Code of Laws of South Carolina (1976, as amended).

**I certify that I have read, understand and agree to all terms and conditions of this Agreement and the enrollment information I have furnished is true, accurate and complete.**

By signing this Agreement, the provider acknowledges receipt of information regarding the rules and policies of the South Carolina Department of Social Services ABC Child Care Voucher System.

**Self-Arranged Child Care Provider:**

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ County: \_\_\_\_\_

**For Agency Use Only:**

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_